

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2		1				
3		1				
4		1				
6		1				
6		1				
7		1				
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41		1				
42		1				
43		1				
44		1				
46		1				
46		1				
47		1				
48		1				
49		1				
60		1				
TOTAL NO.	3					
TOTAL DEF.	28					
TOTAL	31					

	1st AMENDMENT		2nd AMENDMENT		3rd AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
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99						
100						
TOTAL NO.						
TOTAL DEF.						
TOTAL						